

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

TRANSITION CONFERENCE SUMMARY

Child's Information

CHILD'S FULL NAME <i>(Last, First, Middle)</i>	DATE OF BIRTH	DATE OF TRANSITION CONFERENCE
CHILD'S ADDRESS <i>(No., Street, City, State, ZIP)</i>		DATE OF INITIAL IFSP
PRIMARY LANGUAGE OF FATHER	PRIMARY LANGUAGE OF MOTHER	PRIMARY LANGUAGE OF CHILD
PARENTS' NAMES		
ADDRESS <i>(No., Street, City, State, ZIP)</i>		
DISTRICT OF RESIDENCE <i>(Based on parent(s)' address)</i>		

Participants in the Transition Meeting

Relationship to Child	Signature	Phone Number
<input type="checkbox"/> Parent(s) ¹		
<input type="checkbox"/> AzEIP Service Coordinator		
<input type="checkbox"/> Provider from the Family's IFSP Team		
<input type="checkbox"/> PEA Representative		
<input type="checkbox"/> Other:		

Summary

Action Steps	Timeline	Person(s) Responsible

The parent requests participation of the following individuals at the Preschool Eligibility Team (MET)/Eligibility Conference and Individual Education Program (IEP) meeting:

- ☐ AzEIP Service Coordinator and/or _____
- ☐ Others *(provide names and contact information)* _____

¹Parent means (1) a natural, adoptive or foster parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with relevant law. "Parent" does not include the State.

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